

LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

Lobbyist's Registration Number

FOR OFFICE USE ONLY

Postmark Date: 03/30/04

Reg
J# 2018
\$110.00 wr

1040688

Instructions

- Print in ink or type.
- Complete form and return with \$110 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME Reilly Mica Tara MI
Last First MI

2. BUSINESSPHONE (703) 267-1219
Area Code and Phone Number

3. BUSINESS ADDRESS 11250 Waples Mill Road Fairfax VA 22030
Street and No. City State Zip

MAILING ADDRESS Same City State Zip
Street and No. City State Zip

4. EMPLOYER National Rifle Association - Institute for Legislative Action

5. EMPLOYER'S ADDRESS 11250 Waples Mill Road Fairfax VA 22030
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name National Rifle Association - Institute for Legislative Action (NRA-ILA)

Address 11250 Waples Mill Road, Fairfax, VA 22030

Business or purpose Nonprofit membership association in support of Second Amendment rights.

Does this person pay you? Yes

If No, who pays you? _____

HAND DELIVERED

LOBBYING REGISTRATION FORM

798
Lobbyist's Registration Number

2. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

3. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

4. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.



Signature of Lobbyist

